Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee In a. Full Name	formation				35(JEIVE	D	c. ID Number
MARKHAM FO	OR CLERK							M C. ID Number
b. Mailing Addre	es (includo Cit	v State and Tin	Code		JA	N 1 2 2015	-	
435 N. BENNE		y, State and Zip	Code				d. Date Filed	
SOUTHERN P		387		A A		ne da		01/11/2015
	11,20,110 200			· W		RE BO		e. Phone Number
2. Report Year	3 Period Star	f Dote (mm/dd/s	,v)	4 Pariod 1	ha Da	o (mandadan)	E Truckson	er Full Name
2014		0/19/2014	(J) (1)					A KEITH TALBERT
				<u> </u>	2/31/2			
6. Type of Comn Candidate Can				e of Report	(c)	eck only one	type of rep	ort from one category)
Joint Fundraise		.5	Munic	Organization	191	State/County Organization	nn al	Referendum Organizational
Referendum		al Expense Fund		Thirty-five	10000	Quarterly	niai	Pre-referendum
7. Type of Fund			lii	Pre-primary		☐ First		Final
☐ "Booster Fund		A constant	la	Pre-election	2	Second	1	Supplemental Final
☐ Building Fund			lō	Pre-runoff		Third		Annual
Presidential El	lection Year Can	didates Fund		Semi-annual		☑ Fourth		☐ Special
☐ NC Public Can	npaign Financing	Fund		Mid Ye	ar	Semi-annu	al	
				Year Er	ıd	☐ Mid Y	ear	10. Special Report Name
Other:	of the Life and the Artist State of the Co		团	Final		Year E	End	
8. Number of Fu	indraisers this	Report	Ш	Special		☐ Final		
	0					☐ Special		
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a. Financial Inst	itution Full Na	me			a. Fina	ncial Instituti	on Full Nar	ne
FIRST BANK						e		
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		1 A FOO	,06				******************************	\$
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FOR OFFICE U	SEONLY							
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Date Postma	arked:			Emplo	yee:		— <u>u</u>	Registered Mail Hand Delivered
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Date Data E				Emplo				Signer has not received mandatory training
750	assista	cannot be used int treasurer, cu id the Statemen	ıstodia	n of books	inform	ation, or acco	unt informa	

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information ☐ Yes 🛛 No

2014 Fourth (Quarter				
				program May 2011 101 Notice and the	
Start of Election Cycle: January 1,					
	\$	485.86	\$	1,000.00	
(CRO-1205)	\$	0.00	\$	628.35	
(CRO-1210)	\$	0.00	\$	24,380.75	
(CRO-1220)	\$	0.00	\$	0.00	
(CRO-1230)	\$	0.00	\$	0.00	
(CRO-1410)	\$	0.00	\$	0.00	
(CRO-1240)	\$	0.00	\$	0.00	
(CRO-1250)	\$	0.00	\$	0.00	
(CRO-1250)	\$	0.00	\$	0.00	
(CRO-1250)	\$	0.00	\$	0.00	
(CRO-1270)	\$	0.00	\$		
(CRO-1265)	\$	0.00	\$		
,11d and 11e)	\$	0.00	\$		
(CRO-1310)	\$	0.00	\$	6,057.48	
(CRO-1310)	\$	0.00	\$		
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(CRO-1330)	\$	0.00)		
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MODEL COUNTY PURLIC COPY

Aggregated Non-Media Expenditures

Amendment Page __1_ of __1_ ☐ Yes 🗓 Optional form used to report NC Non-Media Expenditures of \$50 or less. (Communect Vill Name (and Rundl) (applicable) MARKHAM FOR CLERK 3. Payee Information a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount g. Required Remarks Add Μ Draft BANK SERVICE 12/31/2014 \$ 1.00 Remove CHARGE 4. Total only this Page \$ 1.00 5. Total of ALL CRO-1315 Pages \$ 1.00 (This line must be on line 14 of Detailed Summary Page CRO-1100) 6. Rumose (Cutles (Lisuderilled experditure code in (d) above) B* - Printing G Fundraising D - To Another Candidate E - Salaries Iffor: I Brotting Partitle (Oxides 18 Appens (ess.). F - Equipment G - Political Party JE Postinger IK: Office Expenses Q* - Donations to Legal Expense Fund J - Penalties

* Codes require detailed explanation in required remarks field (g) CRO-1315

<u>O* - Other</u>

NC State Board of Elections

December 2009

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Refunds/Reimbursements From the Committee Pg 1 of 5 Amendment Ves this form to report refunds/reimbursements, including contributions returned to the contributor

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(include city, sta	te, & zi	p)		☐ Candidate	☐ PAC				
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SOUTHERN PIN	ES, NO	28388	ļ	☐ State	☐ Municipality:				
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Refunds/Reimbursements From the Committee Pg 2 of 5 Amendment Use this form to report refunds/reimbursements, including contributions returned to the contributor

MARKHAM FOR			plicable)				2. 11) Number	00 m 3 m 2
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3. Payee Informati		Seriological Series		100		move			
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July 2007

Refunds/Reimbursements From the Committee Pg 3 of 5 Yes

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full	Name	(and Fund if ap	dicable)				2. II	Number		
MARKHAM FOI	R CLEF	RK							·	
3. Payee Informati	ion			A	dd □ Rer	nove	747E	Kalenda Yang		
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(include city, sta	te, & zi	p)			Candidate	PAC	_			
LINDA MARKH	AM					☐ Party				
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(include city, sta		p)				PAC				
LINDA MARKH	AM			Ш		☐ Party				
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VASS, NC 28394				Federal County: State Municipality:				03/08/2014		
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(include city, sta	te, & zi	p)			Candidate	PAC	-			
LINDA MARKH	AM				Referendum					
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NC State Board of Elections

TIME OFFE AND COM

Refunds/Reimbursements From the Committee Pg 4 of 5 Amendment Ves this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full	Name	(and Fund if ap	plicable)			2011	Number	
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3. Payee Informat	ion 🧐	76 S. C. S. S. S. S. S. S. S.		Add □ Re	move	rage		Silver and part to great
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LINDA MARKH	AM			Referendum	Party	ı		
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		<u>p)</u>		Candidate	PAC			
LINDA MARKH	AM			Referendum	Party	<u></u> _		
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LINDA MARKH	AM			Referendum	Party			
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		or x uj ment	· · · · · · · · · · · · · · · · · · ·		n. Date (mm/dd/y	ууу)	o. Amount	··-
M	Chack		INKIND REIMBURSE	SMENT	12/09/2014		\$	196.00
	Check	Million kan redamen						
4. Total only this I	Rage					\$	<u> </u>	433.09
4. Total only this I 5. Total of ALL CI	Page RO-132		mimary Page CRO-110	Ø)		\$ \$		433.09 2,484.86
4. Total only this I 5. Total of ALL © (Tills line must be	Page RO-132 on line	l 5 of Detailed Su	mmary Page CKO-110 rsement code in (f) a	en en en en la companya de la companya del la companya de la compa		-		
4. Total only this I 5. Total of ALC G (This line must be 6. Purpose Code L - Returned to 0	Page RO-132 on line 1 es (List Contrib	ls of Detailed Su detailed dis bui utor M -	rsement code in (f) a Overpayment for Se	bove)	N - Exceed	\$	Contibution Lin	2,484.86
4. Total only this I 5. Total of ALL CI (This line must be 6. Purpose Code L - Returned to C P* - Reimburse	Page RO-132 on line I es (List Contribu	15 of Detailed Su detailed disbui utor M - f In-Kim O*	rsement code in (f) a	lbove) ervice	N - Exceed	\$		2,484.86

Refunds/Reimbursements From the Committee Pg 5 of 5 Yes

Use this form to report refunds/reimbursements, including contributions returned to the contributor

MARKHAM FOR CLERK			
the state of the s	1		
3. Payee Information 🔲 Add 🔲 Remove	(1)		
a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments	to facility the restrict one of		
(include city, state, & zip)			
LINDA MARKHAM Referendum Party			
PO BOX 160 e. Level Registered (Specify) h. Original R	le ceipt Date		
VASS, NC 28394	04/10/2014		
i. Original R	eceipt Amount		
\$	11.95		
b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Su	ım to Date		
RN SANDHILLS DERMATOLOGY P \$	500.00		
k. Account Code I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amou	n t		
M Check INKIND REIMBURSEMENT 12/09/2014 \$	11.95		
3. Payee Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone d. Type of Committee g. Comment	<u>.</u>		
(include city, state, & zip)	<u></u>		
LINDA MARKHAM Referendum Party			
CINDA MANATAW	Receipt Date		
Federal County			
State Municipality:	16/2014		
	Receipt Amount		
\$	23.04		
b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election S	um to Date		
RN SANDHILLS DERMATOLOGY P \$	500.00		
k. Account Code l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amou	ant		
M Check INKIND REIMBURSEMENT 12/09/2014 \$	23.04		
3. Payee Information			
a. Full Name, Mailing Address & Phone d. Type of Committee g. Commen	ts		
(include city, state, & zip)			
LINDA MARKHAM Referendum Party			
PO BOX 160 e. Level Registered (Specify) h. Original	Receipt Date		
VASS, NC 28394	26/2014		
☐ State ☐ Municipality:			
	Receipt Amount		
\$ 1 1 1 m 4 m 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	290.53		
	Sum to Date		
RN SANDHILLS DERMATOLOGY P \$	500.00		
k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amo	unt		
M Check INKIND REIMBURSEMENT 12/09/2014 \$	290.53		
4. Total only this Page.	325.52		
5: Total of ALL GRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)	2,484.86		
6. Purpose Codes (List detailed disbursement code in (f) above)			
the state of the s	tion Limit		
L- Returned to Contributor M - Overpayment for Service N - Exceeded Contibu			
L- Returned to Contributor M - Overpayment for Service N - Exceeded Contibu P* - Reimbursement of In-Kin O* Other			